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PTO/SB/21 (07-06)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number	10/751,289
Filing Date	January 2, 2004
First Named Inventor	Syed F.A. Hossainy
Group Art Unit	1615
Examiner Name	Casey Shea Hagopian

Attorney Docket Number

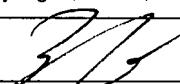
50623.363

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) Formal ____ Sheets with Submission of Formal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (8 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (1 page) (in duplicate)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (1 month) (1 page) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 citing ____ References	<input checked="" type="checkbox"/> Terminal Disclaimers (2) (1 page each)	
<input checked="" type="checkbox"/> Express Mail Label No. EV 8890 08645 US	<input type="checkbox"/> Statement of Common Ownership	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

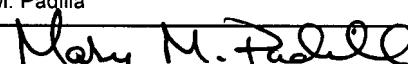
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	July 23, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below.

Typed or printed name	Mary M. Padilla
Signature	
Date	July 23, 2007

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FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **\$260.00**

Complete if Known	
Application Number	10/751,289
Filing Date	January 2, 2004
First Named Inventor	Syed F.A. Hossainy
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																					
1. The Commissioner is hereby authorized to: <input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†] <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>1051/\$130</td><td>2051/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052/\$50</td><td>2052/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1251/\$120</td><td>2251/\$60</td><td>Extension for response within first month[†]</td><td></td></tr> <tr><td>116/\$450</td><td>2252/\$225</td><td>Extension for response within second month[†]</td><td></td></tr> <tr><td>1253/\$1,020</td><td>2253/\$510</td><td>Extension for response within third month[†]</td><td></td></tr> <tr><td>1254/\$1,590</td><td>2254/\$795</td><td>Extension for response within fourth month[†]</td><td></td></tr> <tr><td>1255/\$2,160</td><td>2255/\$1,080</td><td>Extension for response within fifth month[†]</td><td></td></tr> <tr><td>1401/\$500</td><td>2401/\$250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1453/\$1,500</td><td>2453/\$750</td><td>Petition to revive unintentionally abandoned Application</td><td></td></tr> <tr><td>1501/\$1,400</td><td>2501/\$700</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>1502/\$800</td><td>2502/\$400</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123/\$50</td><td>123/\$50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806/\$180</td><td>1806/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809/\$790</td><td>2809/\$395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1801/\$790</td><td>2801/\$395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr> <td colspan="2"> Other fee (specify): <u>Terminal disclaimer fee under 37 CFR 1.20(d) for two terminal disclaimers.</u> 260 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> Other fee (specify): SUBTOTAL (3) (\$ 260) </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> 4 Reissue claims in excess of 20 and over original Patent </td> <td colspan="2"> (Col. 1) <table border="1"> <tr><th>For</th><th>No. of Existing Claims</th></tr> <tr><td>TOTAL</td><td>14</td></tr> <tr><td>INDEP</td><td>2</td></tr> </table> (Col. 2) <table border="1"> <tr><td>minus*</td><td>Highest No. Previously Paid For</td></tr> <tr><td>30 or</td><td>0</td></tr> <tr><td>6 or</td><td>0</td></tr> </table> (Col. 3) <table border="1"> <tr><td>Extra**</td><td>x</td><td>Fee</td><td>Fee Due</td></tr> <tr><td>0</td><td>x</td><td>\$50</td><td>\$0</td></tr> <tr><td>0</td><td>x</td><td>\$200</td><td>\$0</td></tr> <tr><td colspan="2">[] First presentation of multiple dependent claim</td><td>\$360</td><td>\$0</td></tr> </table> </td> </tr> <tr> <td colspan="4"> * Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 </td> </tr> <tr> <td colspan="2"> SUBMITTED BY Typed or Printed Name Zhaoyang Li </td> <td colspan="2">Complete (if applicable)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Reg. 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